

L12000013460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

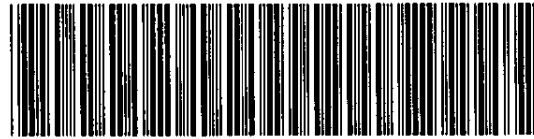
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN 11 PM 3:28

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: 1534 Grand LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph B. Ryan III, Esq.
Name of Person
JOSEPH B. RYAN III, P.A.
Firm/Company
2701 S. Bayshore Drive, Suite 402
Address
MIAMI, FL 33133
City/State and Zip Code
JBRYANLAW@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Joseph B. Ryan III, Esq. at (305) 444-4949
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1534 Grand LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/30/2012 and assigned
Florida document number L12000013460

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 2701 S. BAYSHORE DR., SUITE 402
(Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33133

Enter new mailing address, if applicable: 2701 S. Bayshore Drive, Suite 402
(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33133

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Joseph B. Ryan III, Esq.

New Registered Office Address: 2701 S. BAYSHORE DR., SUITE 402

Enter Florida street address

MIAMI, FL 33133, Florida 33133
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Samir Jaieb	555 NE 15th Street, Suite 200 Miami, Florida 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Gerard Malassis	2701 S. BAYSHORE DR., SUITE 402 MIAMI, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9 MAY 2012

Signature of a member or authorized representative of a member

Gerard Malassis

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA